Los Angeles County Sheriff's Department Officer Involved Shooting

Page 1 of 4

Report Date:			Bureau/Station/Facility:			_							
03/2	1/18		Special Opera	tions Div	ision / Me	etrolin	k Bu	reau	Admi	n. Invest.?		Hit?	l
				Incident	Informati	on							
URN:		None		Date:		03/2	1/18			Time:	031	5 hours	
City or Station:		7.50		Nature of	Incident	00/2	17.10	_			001	0110010	_
		Pon	nona	1	Daniel E	ifert #		of	f duty, fir	e one r	ound f	rom his	
Location:					ally owne								
				and is	unknown	and o	outst	anding.					
Location Type		Lighting	(check only one)	Incident 1	Type (check	one or n	nore)		Initiated by	/ (check o	niv one)		_
(check one or more	0);	✓ Dari	,	Accid	lental					Warrant			
Backyard			light		d Person				Call				
Beach		Oth	-		ng Suspect				✓ Obser	vation			
Business Freeway			et Lights	1 =	Pursuit Take Away				One P	erson Unit	t		
Industrial				2000	ng Vehicle				Other				
Park		Weathe	(circle only one):		r/Ambush					h Warrant			
Parking Lot		Cle	N°	Starti	le				I TWO P	erson Unit			
Residence		Clou	udy	Strug	gle Involved				Prior Activ	ity (check	only one	1).	
Rural		Fog		10000	c Stop				☐ Detect	ive			
School		Rain	n	1 land	med Person				Inmate	Transpor	1		
Street		Distanc		-	entional				✓ Other				
Other: From	ntyard	Creterino	15 feet		de Pursuit ant Service					e Patrol			
Total # of Shots Fired	by Depi	rty Total # o	of Shots Fired by Suspect		ing Shot							4-4	_
1			0	Other	-				Aero L	Init?	Can	ine Unit?	
				Employe	e Witness	ses.							
Employee #	La	st Name	Firs	t Name		M.I.	Shift	Time (che	cit only one)	ShiffType	a (chack o	nly one):	
			None						M Day	- 1		ntime Off C	Outy
Employee #	La	st Name	Firs	t Name		M.L	_		ck only one)		check o		
						***		EM P			ar Ove	board	Duty
Employee #	La	st Name	Firs	t Name		M.I.			ck only one)		e (check o		Duty
			N	on-Emplo	yee Witne	25505					7		
Lest Name				on Empio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name					M.I.	
			None			- C	Sada	- 18	ork Ph		Home F	N	
Street Address			City			Zip C	,ode	**	OKPII		HOITIG F	11	
Last Name						First	Name					M.I.	
Street Address			City			Zip C	ode	V	fork Ph	_	Home F	²h	_
Last Stance						Elevel	Name					M.L	_
Last Name						F11394	11601190						
Street Address			City			Zip C	ode	V	fork Ph	_	Home 9	^a h	
			*	Sup	ervisors								
Employees #	ant bloom		First		CI VISIONS	MJ.	(ch	eck one o	r more):				
Employee#	ast Nam		rusi r	HOILING.		Tel.J.		On Duty			Witnes	ss to shootin	g
									during sho	oting [Involv	ed in shootin	19
Employee # L	ast Nam	8	First N	lame		M.I.	(ch	eck one c					
1								On Duty				ss to shootin	-
								Present (during sho	oting _	Involv	ed in shootin	19
				Watch	sergean								
Employee #	Las	l Name				F	First N	ame				M.Ł.	
				Watch 6	Command		Fig. 2.					241	
Employee #	Las	t Name	Dauces			F	First N	ame	laes	00		M.I.	
9			Powers						Jam	<u></u>			
(4) Grane	216		1/21/19										
. \\.	.*),												
SH#	24512	226											

Officer Involved Shooting

URN:	None			
	D	2	- 2	4

			Rollout Informa	ation			
Arrival Date	03/21/18	Arrival Time 0600 hours	Date Submitted	01/14/19	Date of Recommendation		
Employee #	Last Name	Chapr	nan	First Nan	Scott Scott	M,İ,	D
Employee #	Last Name	Orteg	ga	First Nar	Matthew	M.I.	Н
Employee #	Last Name	Powe	ers	First Nan	James	M.I.	С
		Chart	ing / Faras Is	to me attan			

				Shoot	ing / Force Informa	ition						
Meth	od					Typ	e of Injur	γ		Bod	y Par	t Injured
(AW) (BB) (BF) (CCRH) (TTCCCC) (TEXH) (FF) (FF) (FF)	Arwen Baton:(Control) Baton:(Impact) Bodily Fluids Canine Carotid Restraint Choke Hold Control Holds:(Control Te Control Holds:(Team Take Control Holds:(Takedown) Chemical Agents (OC Spi Chemical Agents (Tear Gi Explosives Firearm (Handgun) Firearm (Shotgun) Firearm (Other) Flashbang Flashlight Other Weapon: Edged	edown)) ray)	(OB) (OC) (OC) (OC) (OC) (OC) (OC) (OC) (OC	Other Weapo Personal We Personal We Personal We Personal We Restraint Den Restraint Den Restraint Den Restraint Den	in: Blunt Object in: Other apon: Feet/Leg: (Kick) apon: Feet/Leg: (Sweep) apon (Hand/Arm) apon (Push) apon (Other) apon (Capture Net) vice (Capture Net) vice (Handcuffs) vice:Hobble (Legs Only) vice: REACT Belt	(AB) (BR) (BU) (CP) (CO) (DH) (DB) (FR) (GS) (HB) (LC) (ND) (PA) (PW) (SD) (ST) (UN)	Abrasion Bruise Burn Complaint Concussio Death Distocation Dog Bite Fractures Fractures Laceration Nerve Dan Organ Paralysis Puncture Soft Tissu Sprein/Tw Unconscio	to Pain to to same to mage mage Wound to Dame		(A)	Ab An An Ba Bu Ch Elk Faa Fee Grown Hair Int Kan	domen kle n ck ttocks est pow cs et nitals pin nd ad o
Bran (AK) (BN) (BR)	AK-47 Benelli Beretta	(IV) (JE) (LO)	Iver Johnson Jennings Lordin Luger	(RO) (SW) (SR) (SS)	Rossi Smith & Wesson Sturm Ruger SIG Seuer	(RM) (NN)	Refused N	enT beA	alment	(WR) Wi	1\$1
(BW) (CH) (CO) (DA) (GL) (HA) (HK) (HK)	Browning Charter Arms Colt Davis Industries Glock Harrington & Richardson Hi Standard H & K Ithica	(LU) (MA) (MO) (NC) (NA) (NO) (RA) (RM) (RG)	Marlin Mossberg NCI aka SKS North Americal Norinco Raven Remington RG RG!	(ST) (TA) (WE)	Starling Taurus Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-Inmate) Other Brand	(20)	9 mm 10 mm 12 guage 20 guage .22-250 .22 caliber .223 caliber	(24) (25) (30) (35) (36) (38) (40)	.243 ca .25 calii .308 ca .357 ca .30-60 c	ber liber liber aliber ber	(41) (44) (45) (50) (SL) (WVV)	.410 guage .44 caliber .45 caliber 50 mm Slug Other calibe

FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S#1	E#1	00	NA	NA	NA	NA	NN	NA
E#1	S#1	FH	BR	9	Y	Y	NN	NA
					-			
					-			

Officer Involved Shooting **Involved Employee Information**

None

							URN:	Non	e		
								Page	3	of	4
			W	Involve	d Employee						
E 1	Employee #	Last Name		Eifert		First N	ame Da	niel	М.)	. [
	Sex: M Race: Wht	Rank: Deputy	,	Unit Assignme	ent: link Bureau	Work As	signment (Unit #, Modu Off	de, etc.): duty			
	ShiftTime (circle only one)	ShiftType (circle only one) Regular Overtime		Intoxication/D	rug Usage?	Substan	ce Used:				
	Hospital Admission?	Hospital Name:	ON DULY	Coroner Cas	e? 🗆	Coroner	Case #		Interview	ved?	_
	Hrs of sleep prior to shooting	g. Duty Time (hrs)		(circle only one)		Other Fa	actors:				
	Age: Height:	508 Weight: 170	Plain Raid	Clothes no Vest Clothes w/ Vest Jacket no Vest	Raid Jacket w/ Vest Uniform no Vest Uniform w/ Vest	Off du	ity, personally or	wned hand	dgun		
	Range Qualification Date		PPC O	alification Date			Laser Training Date:				
	Certified with Weapon Used? Weapons Fired	Patrol Certification?		ation Unit:	Prior Shor	otings?	Number of Prior Shootings:		Force:		
	Brand: Ber	retta Caliber 9	# 0	1	Weapons Fired Brand:		Caliber		Shots		_
	Field Training Officer Emp #				6	First Na	<i>→</i>		M.		
	Field Training Officer Emp #	_ast Name				First Na	me		M.	J.	
E	Employee #	Last Name				First N	ame		M,I	9	_
_	Sex: Race:	Rank:		Unit Assignme	ent:	Work As	signment (Unit #, Modu	le, etc.):			_
	ShiftTime (circle only one)	ShiftType (circle only one) Regular Overtime		Intoxication/D	rug Usage?	Substan	ce Used				_
	Hospital Admission?	Hospital Name:	Coroner Case?			Coroner Case #			Interview	ved?	_
	Hrs of sleep prior to shooting	g. Duty Time (hrs):	Clothing	(circle only one)		Other Fa	actors:				=
	Age: Height:	Weight:	Plain	Clothes no Vest Clothes w/ Vest	Raid Jacket w/ Vest Uniform no Vest						
	Range Qualification Date:			Jacket no Vest valification Date	Uniform w/ Vest	1	Laser Training Date:				_
	Certified with Weapon	Patrol Certification?	Certifica	ation Unit:	Prior Sho	potings?	Number of Prior Shootings	Directo	ed Force		1
	Weapons Fired Brand:	Caliber	#8	hots	Weapons Fired Brand:		Caliber	# 5	Shots		_
	Field Training Officer Emp #	Last Name				First Na	me		M.	k	_
	Field Training Officer Emp II	Last Name				First Na	ime		M.	Ĺ	
E.	Employee #	Last Name				First N	ame		M.I		-
_	Sex: Race:	Rank		Unit Assignme	ent:	Work As	signment (Unit #, Modu	le, etc.):			_
	ShiftTime (circle only one) EM PM Day	ShiftType (circle only one) Regular Overtime		Interdication/D	rug Usage?	Substan	ce Used:				
	Hospital Admission?	Hospital Name:		Coroner Cas	e? 🗍	Coroner	Case #		interview	ved?	
	Hrs of sleep prior to shooting	g: Duty Time (hrs):		(circle only one) Clothes no Vest	Raid Jacket w/ Vesi	Other Fa	actors:			-	_
	Age: Height;	VVeight:	Plain	Clothes w/ Vest Jacket no Vest	Uniform no Vest						
	Range Qualification Date:		PPC Qu	alification Date	-		Laser Training Date:				_
	Certified with Weapon Used?	Patrol Certification?	Certifica	ation Unit:	Prior Sh	ootings?	Number of Prior Shootings:	Directe	d Force]
	Weapons Fired Brand:	Caliber	#8	hots	Weapons Fired Brand:		Caliber	# 5	Shots		
	Field Training Officer Emp #	Last Name				First Na	me		M.	1.	
	Field Training Officer Emp #	Last Name				First Na	me		М.	1.:	Ī

Officer Involved Shooting Suspect Information

Shooting	URN:	None	
rmation			4

		S	uspect li	nformation				
S	Last Name	Unknown		First Nan	ne	Unknown	M.).	
	AKA Last Name			First Nan	ne		M.I.	
	Sex: M Race: Hispanic	Street Address:		City			State & Zip Code:	
	Work Phone:	Home Phone:	Social Secu	irily #:		Driver's License #:		
	Age: 25 D.O.B.	Height: 506 Weight: 150	FBI#			CII#		
	Booking # None	Primary Charge:		Second	ary Charge:			
	Coroner Case?	Coroner Case # None		Intoxication/Orug Usa	age?	Substance Used Unknown		
	Armed?	Apprehended?		Mental Illness?		Criminal History?		
	Vehicle Make Model Unknown	Year.	Parol	е: Р	robation:	Prior Felony	Conviction:	
s	Last Name			First Nan	ne		M.I.	
	AKA Last Name			First Nan	ne		M.I.	
	Sex: Race:	Street Address:		City			State & Zip Code:	
	Wark Phone:	Home Phone:	Social Secu	urity #:		Driver's License #:		
	Age: D.O.B.	Height: Weight:	FBI#			CII #		
	Booking #	Primary Charge:		Second	ary Charge:			
	Coroner Case?	Coroner Case #		Intoxication/Drug Usa	ige?	Substance Used:		
	Armed?	Apprehended?		Mental illness?		Cominal History?		
	Vehicle Make Model	Year,	Parol	e: P	robation:	Prior Felony (Conviction:	
9	Last Name			First Nan	ne		M.I.	
	AKA Last Name	• •		First Nan	ne		M.I.	
	Sex: Race:	Street Address		City			State & Zip Code:	
	Work Phone:	Home Phone:	Social Secu	irity#:		Driver's License #:		
	Age: D.O.B.	Height: Weight:	FB1#			CII #		
	Booking #	Primary Charge		Second	lary Charge:			
	Coroner Case?							
		Coroner Case #		Intoxication/Drug Lisa	age?	Substance Used:		
	Armed?	Apprehended?		Intoxication/Drug Use	age?	Substance Used:		
		Apprehended?	Parol	Mental Illness?	age?		Conviction:	
9	Armed?	Apprehended?	Parol	Mental Illness?	Probation:	Criminal History?	Conviction:	
S	Armed? Vehicle Make Mode	Apprehended?	Parol	Mental Illness? P	Probation:	Criminal History?		
S	Armed?	Apprehended?	Parol	Mental Illness? P e: P First Nar First Nar	Probation:	Criminal History? Prior Felony	M.I.	
S	Armed? Vehicle Make Mode	Apprehended? Year:	Parol	Mental Illness? Pe: P First Nar First Nar City	Probation:	Criminal History? Prior Felony	M.t.	
S	Armed? Vehicle Make Mode Last Name AKA Last Name Sex: Race:	Apprehended? Year:		Mental Illness? Pe: P First Nar First Nar City	Probation:	Criminal History? Prior Felony	M.t.	
S __	Armed? Vehicle Make Mode Last Name AKA Last Name Sex: Race: Work Phone:	Apprehended? Year: Street Address: Home Phone:	Social Sec	Mental Illness? P e: P First Nar First Nar City	Probation:	Criminal History? Prior Felony Driver's License #:	M.t.	
S	Armed? Vehicle Make Mode Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking #	Apprehended? Year: Street Address: Home Phone: Height: Weight:	Social Sec	Mental Illness? E: First Nar First Nar City unity #:	Probation: me me dary Charge:	Criminal History? Prior Felony Driver's License #:	M.t.	
S	Armed? Vehicle Make Mode Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B.	Apprehended? Year: Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	Social Sec	Mental Illness? P e: P First Nar First Nar City	Probation: me me dary Charge:	Criminal History? Prior Felony Driver's License #: CII #	M.t.	
\$	Armed? Vehicle Make Mode Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case?	Apprehended? Year: Street Address: Home Phone: Height: Weight: Primary Charge Coroner Case #	Social Sec	Mental Illness? First Nar First Nar City unity #: Second Intextication/Drug Us: Mental Illness?	Probation: me me dary Charge:	Criminal History? Prior Felony Driver's License #: CII # Substance Used:	M.I. M.I. State & Zip Code:	